

BRIAN HEAD TOWN BUILDING PERMIT APPLICATION

PERMIT _____

Plans _____

Date of Application ____/____/____

Iron Co. Parcel I.D.# _____
(Sample: A-1234-0012-0023-001)

Iron County Account # _____

Property Address _____

Subdivision _____ Lot # ____ Blk # ____

Owner of Property _____

Owner of Business _____

Mailing Address _____

_____ Zip _____

Telephone _____ Fax _____

General Contractor _____

Mailing Address _____

_____ Zip _____

Telephone _____ Cell _____

State License # _____

Financial Institution _____

Mailing Address _____

_____ Zip _____

Telephone _____

Architect or Engineer _____

Telephone _____ Fax _____

State License # _____

Electrical Contractor _____

Telephone _____ Fax _____

State License # _____

Plumbing Contractor _____

Telephone _____ Fax _____

State License # _____

Mechanical Contractor _____

Telephone _____ Fax _____

State License # _____

Proposed Development of Land or Construction – explain
in detail _____

Zone _____ Number of Parking Spaces _____

Setbacks: Front _____ Side _____ Rear _____

Building Height _____ Frontage _____

Signature of Contractor or Owner/Builder _____

FEE SCHEDULE

Square feet of Building _____ Valuation \$ _____

1. Permit Fee \$ _____

2. Plan Check Fee (50% of line 1) \$ _____

3. State Surtax (1% of line 1) \$ _____

4. Tree Removal / Grading \$ _____

5. Clean up Bond ** \$ _____

6. Public Safety Impact Fee \$ _____

7. Water Impact Fee \$ _____

8. Sewer Impact Fee \$ _____

9. Water Connection Fees \$ _____

10. Sewer Connection Fees \$ _____

11. Other \$ _____

TOTAL \$ _____

The following must be submitted for issuance of a
building permit:

_____ Soils Report
_____ 1 sets of building plans 22" x 34" (engineers stamp
required to be returned to Contractor)

_____ 1 set of plans – 11" x 17" (engineer stamped for
building file).

_____ Site Plan

_____ Slope/Grading Plan

_____ Tree Removal Permit

_____ Trenching Permit

Post Application Approval Review (Required for
Certificate of Occupancy)

Date _____ Footing Certification

_____ Driveway Certification

_____ Sewer Lateral / Connection Inspection

_____ Water Lateral / Connection Inspection

_____ Fire Department Approval

Building Inspector Review _____ Date _____

** Clean up bond will be refunded to the name of the entity that paid the building
permit fees, upon verification that project complies with all Brian Head Town
Departments' requirements, and one utility billing but no sooner than 30 days after
Certificate of Occupancy is issued.

**APPROVED WHEN
STAMPED
DATE _____**

A building permit will not be issued until all required
information and documents are submitted and
approved. This form must be complete and approved.
A building permit must be posted at the job site prior
to any construction and during the entire period of
construction.

BRIAN HEAD TOWN

P.O. Box 190068, Brian Head, UT 84719
Phone (435) 677-2029 Fax (435) 677-3661

EXCAVATING, GRADING & TRENCHING PERMIT

(Per L.M.C. Chapter 4, Table 2, L.M.C. Chapter 10 and Ordinance No. 07-014)

PERMIT # _____

Date of Application _____ Applicant Name _____

Applicant (Property Owner) Address _____

Applicant Phone _____ Fax _____

Applicant Signature _____

Property Location: _____

Date Blue Stakes Notified (800-662-4111) Date: _____

Verification #: _____

Date Cable TV Notified (800-718-7288) Date: _____

Verification #: _____

Contractor: _____ Phone: _____

Address: _____

Contractor's License #: _____

Description of work to be done: _____

_____ Date: _____

Signature of Owner, Contractor or Agent

=====

Required Submittals:

- _____ Completed Application with Verification of Licensed Contractor
- _____ Fee \$100
- _____ \$5,000 bond and \$1,000,000 Insurance policy with Town as additional insured must be on file with Brian Head Town for any work in public right of way or connection to Town Sewer or water mains. (cutting of hard surface street to be to be repaired by applicant with Brian Head Town Public Works approving when repaired) **All roads must be returned to Brian Head Town Standards (per Standard Specifications For Public Works Construction).**
- _____ Existing Conditions Map (see *Table 4, LMC for drawing contents)
- _____ Schematic Site Plan
- _____ Soil/Geology Report

Plans Approved by Public Works

By: _____ Date: _____

Open Trench Inspection By: _____ Date: _____

Project complete/inspected by: _____ Date: _____

BRIAN HEAD TOWN
P.O. Box 190068, Brian Head, UT 84719
Phone (435) 677-2029 Fax (435) 677-3661

TREE REMOVAL PERMIT APPLICATION

Applicant _____ Telephone _____

Property Owner _____ Telephone _____

Address _____

Location of property where tree removal is requested:

Explanation of need to remove trees, including any known impact on flood, snow slide, water shed, spring protection and water run-off.

Attach a site plan which indicates general location of trees proposed for removal and any roadways proposed.

Signature of Applicant

Permit # Issued _____

Fee Paid \$ _____ Date _____ Ck/Cash _____

Brian Head Town Approval

BRIAN HEAD TOWN
P.O. Box 190068, Brian Head, UT 84719
Phone (435) 677-2029 Fax (435) 677-3661
Rocky Mountain Power - Request for Service - 888-221-7070

Temporary/Permanent Power

DATE SERVICE REQUESTED TO START _____

CONTRACTOR REQUEST FROM R.M.P. # _____

BUILDER _____

OWNER _____

LOT/BLOCK/SUBD _____

SERVICE ADDRESS _____

MAILING ADDRESS _____

DAY PHONE _____

FAX _____

_____ Single Family Dwelling

_____ Hotel/Motel _____ Units

_____ Restaurant(s)

_____ Commercial Office(s)

_____ Retail Shop(s)

INSPECTION APPROVED _____ DATE _____

BRIAN HEAD TOWN
P.O. Box 190068, Brian Head, UT 84719
Phone (435) 677-2029 Fax (435) 677-3661
Questar Gas - NATURAL GAS – 800-323-5517

INSPECTION APPLICATION

DATE _____ PERMIT # _____

SUBDIVISION _____ BLOCK _____ LOT _____

OWNERS NAME _____ PHONE _____

ADDRESS _____

CONTRACTOR _____ STATE LICENSE # _____

ADDRESS _____ PHONE _____

OWNER/AGENT SIGNATURE _____

Pressure _____ Date _____ Time _____

Fuel Line Size _____ Load (BTU/CFH) _____ Total Length of Pipe _____

Lines Tagged _____ Multimeter _____ Meter Size 2lb _____ 4oz _____

INSPECTED BY: _____

****Draw gas map below**

****Gas form and map must be received before clearance will be issued.**